

SEQUENCE NO. (MDE USE ONLY) **0714**

**STATE OF MARYLAND
WELL COMPLETION REPORT**
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY
NUMBER

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
8/21/07

Depth of Well
22 400 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-1111

OWNER Lee Development Group
last name first name
STREET OR RFD Mills Ct
SUBDIVISION Terrapin Creek SECTION _____ TOWN West Friendship LOT 11

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Topsoil	0	2	
Brownish Orange rocky clay	2	8	
brown Mica	8	97	98
Tan Mica	97	105	
Brown Mica	105	110	
Gray Mica	110	115	
Brown Mica	115	122	230
Gray Mica	122	400	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 48 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYRE
ST 6 80

Nominal diameter top (main) casing (nearest inch)
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole
insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)
1 2
E 110 78 400
A 8 9 11 15 17 21
C 23 24 26 30 32 36
S 38 39 41 45 47 51
R
E
E
N

C 3
1 2

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 27 ft.
WHEN PUMPING 125 ft.

TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE
 below } 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

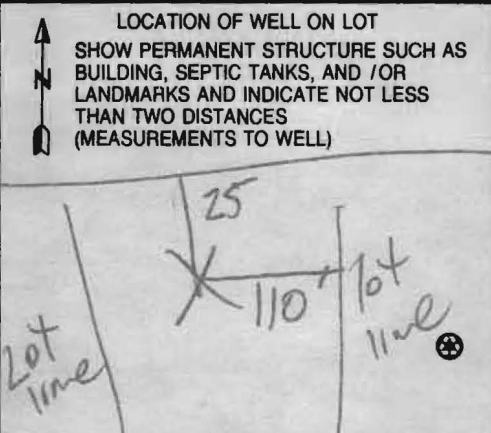
DRILLERS LIC. NO. MWD 040
DRILLERS SIGNATURE George F. Costenley
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 727

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA



4

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

140-95-1111 fill in this form completely

Date Received (APA) 3/6/07

OWNER INFORMATION 10501

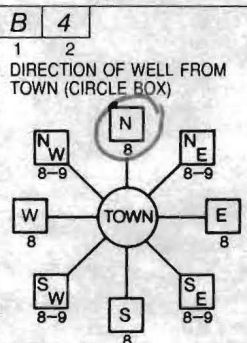
Lee Development Group Inc 8601 Georgia Ave, Suite 200 Silver Spring, Md 20910

LOCATION OF WELL Howard Terrapin Creek West Friendship

DRILLER INFORMATION

George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

Milo Court 11 NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD TAX MAP: 15 BLK: 5 PARCEL 12



WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) Farming (Livestock Watering & Agricultural Irrigation) Industrial, Commercial, Dewatering Public Water Supply Well Test, Observation, Monitoring Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A520108 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/3/07 CO SIGNATURE EXP. DATE 4/30/08

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

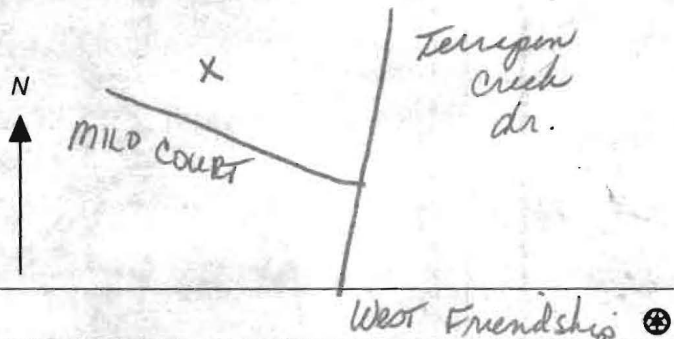
- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 140-2006-G011 PERMIT No. 140-95-1111

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 810 2 N 530 40

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 1001



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

10+ 106

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2649- FAX: (410)313-2648
313-1771**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ATLANTIC BILL Telephone #: 410 840 8112
Address: 1802 PATRIOT BLVD.
WESTMINSTER, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MARY MATHY License# 103797

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: CHASSVILLE HOMES Telephone #: 410 442-2211
Subdivision: 12122 MILL CT - TERRAPROCK Lot #: 11 Well Tag #: HO-95-111
Site Address: SYDNEY, MD 21784

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>J-1088</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>ES154-211</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>280</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>PVU</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YCS</u>
PSI: <u>100</u> (160 psi min)	Approximate length of sleeve: <u>2 ft.</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YCS</u>

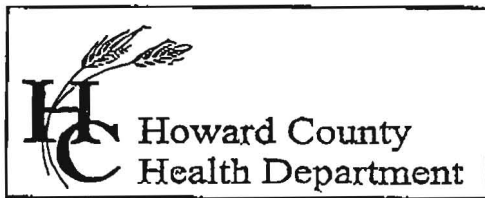
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11/15/16

For Health Department Use Only -- Not to be completed by Installer

Date Insp. Requested: 11/22/16 Date Insp. Approved: 11/22/16 SC

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location: *Pres A*
TERRAPIN Creek 1-22 TERRAPIN Creek Drive & MILD COURT
 Subdivision/Property Name Lot# Road Name

The well site has been staked by VAN MAR ASSOCIATES INC
 (professional land surveyor or company employing professional land surveyors)
 on 3-9-07 (date) and does not require a site inspection.

No later than

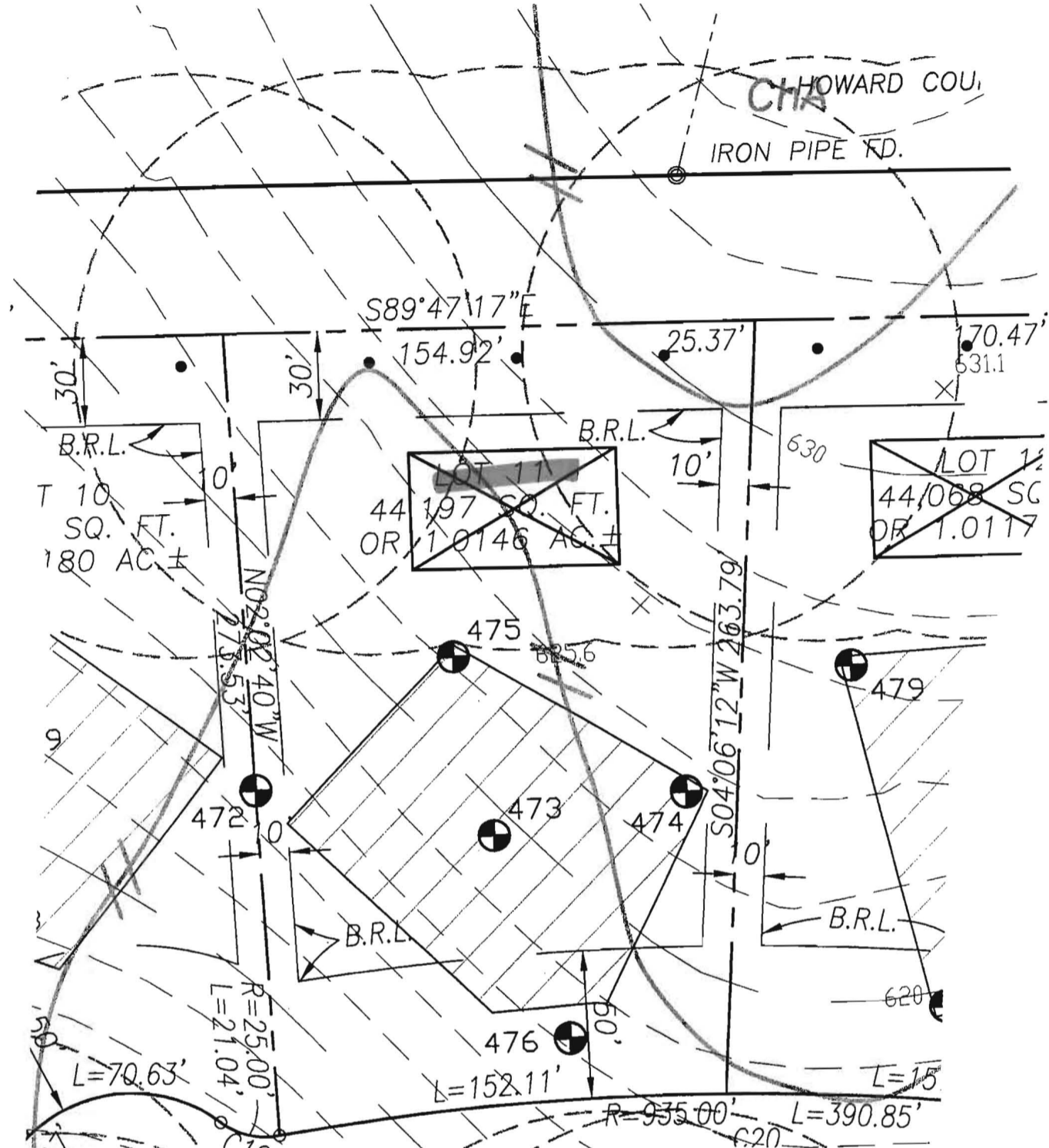
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

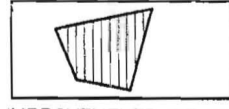
Revised 3/11/05

LEE DEVELOPMENT GROUP

Date
Schwartz Firm



5/3/07
 Well sites staked
 by VanMar.
 (Kru)



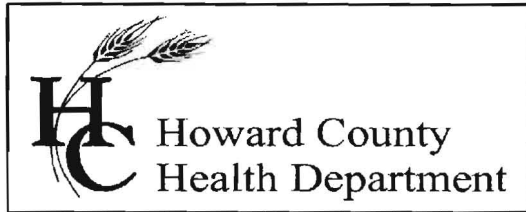
THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL.

IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

- (PASSED) PERCOLATION TEST SITE:
- (FAILED) PERCOLATION TEST SITE:
- EXISTING WELL:
- PROPOSED HOUSE SITE:
- PROPOSED WELL SITE:

WELL SITE PLAN LOT 11 TERRAPIN CREEK (FORMERLY SCHWABE FARM)

PART OF THE LANDS CONVEYED TO LDG, INC. BY DEED RECORDED IN LIBER 1988 AT FOLIO 258
 TAX MAP: 15; GRID: 4 & 5; PARCELS: 12 & 43
 SITUATED ON SYKESVILLE AND LIVESTOCK ROAD
 ELECTION DISTRICT No. 3, HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' APRIL, 2007



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 13, 2017

June 13, 2017

Homeowner
12722 Milo Court
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 11
12722 Milo Court
Building Permit: B16003750
Well Permit: HO-95-1111**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/24/2017**. Final approval of the well line connection to the dwelling was granted on **11/22/2016**. The well construction was completed on **8/2/2007**. Water samples were collected on **5/23/2017, 5/25/2017 & 5/30/2017**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1111. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. Along with submission of a second bacteriological test, turbidity and Iron must also be tested pre and post treatment. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 114737 Account #: 1045
Reference: Catonsville Homes Lot 11 Company: Atlantic Blue Water Services
Location: 12722 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/30/2017 1115 Site: Powder Room
Date/Time Rec'd: 5/30/2017 1500 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: M. Mather 3480MM Well #: HO-95-1111

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.11	NTU	<10	SM18 2130B	5/31/2017 / 1030 / CRS

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B16003750

Date Reported: 5/31/2017

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 114683 Account #: 1045
Reference: Catonsville Homes Lot 11 Company: Atlantic Blue Water Services
Location: 12722 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/25/2017 0900 Site: Laundry Tub
Date/Time Rec'd: 5/25/2017 1600 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: F. Mason 4112FM Well #: HO-95-1111

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	13.0	NTU	<10	SM18 2130B	5/25/2017 / 1630 / BCD

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B16003750

Date Reported: 5/26/2017

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 114621 Account #: 1045
Reference: Catonsville Homes Lot 11 Company: Atlantic Blue Water Services
Location: 12722 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/23/2017 1105 Site: Well Tank
Date/Time Rec'd: 5/23/2017 1535 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: M. Mather 3480MM Well #: HO-95-1111

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/24/2017 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/24/2017 / 1030 / CCH
Nitrate	4.19	mg/L	10	601	5/23/2017 / 1605 / CRS
Turbidity	12.4	NTU	<10	SM18 2130B	5/23/2017 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/23/2017 / 1630 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B16003750

Date Reported: 5/24/2017